

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 1999</h2> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision. Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/5809-12.</p>		<p><i>Complete if Known</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;"></td> </tr> <tr> <td>Filing Date</td> <td></td> </tr> <tr> <td>First Named Inventor</td> <td>M. Ibrahim Sezan</td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> <tr> <td>Group / Art Unit</td> <td></td> </tr> <tr> <td>Attorney Docket No.</td> <td>KLR:7146.028</td> </tr> </table>		Application Number		Filing Date		First Named Inventor	M. Ibrahim Sezan	Examiner Name		Group / Art Unit		Attorney Docket No.	KLR:7146.028
Application Number															
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First Named Inventor	M. Ibrahim Sezan														
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Attorney Docket No.	KLR:7146.028														
TOTAL AMOUNT OF PAYMENT (\$)		2,702													

<p>METHOD OF PAYMENT (check one)</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: <u>03-1550</u></p> <p>Deposit Account Name: <u>Chernoff, Vilhauer</u></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p style="text-align: center;">FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>101 760</td> <td>201 380</td> <td>Utility filing fee</td> <td>760</td> </tr> <tr> <td>106 310</td> <td>206 155</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107 480</td> <td>207 240</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108 760</td> <td>208 380</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114 150</td> <td>214 75</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$ 760)</td> </tr> </tbody> </table> <p>2. EXTRA CLAIM FEES</p> <p>Total Claims <u>117</u> - 20** = <u>97</u> x <u>18</u> = <u>1,746</u></p> <p>Independent Claims <u>5</u> - 3** = <u>2</u> x <u>78</u> = <u>156</u></p> <p>Multiple Dependent <u> </u> = <u> </u></p> <p><i>**or number previously paid, if greater; For Reissues, see below</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>103 18</td> <td>203 9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102 78</td> <td>202 39</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104 260</td> <td>204 130</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109 78</td> <td>209 39</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110 18</td> <td>210 9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$ 1,902)</td> </tr> </tbody> </table>	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	101 760	201 380	Utility filing fee	760	106 310	206 155	Design filing fee		107 480	207 240	Plant filing fee		108 760	208 380	Reissue filing fee		114 150	214 75	Provisional filing fee		SUBTOTAL (1)			(\$ 760)	Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	103 18	203 9	Claims in excess of 20		102 78	202 39	Independent claims in excess of 3		104 260	204 130	Multiple dependent claim, if not paid		109 78	209 39	** Reissue independent claims over original patent		110 18	210 9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)			(\$ 1,902)	<p>3. 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SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	Kevin L. Russell	Reg. Number	38,292
Signature		Date	3/29/99
		Deposit Account User ID	03-1550

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.